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** CONTINUING DATA *****

This application is a CON of 09/723,003 11/27/2000
 which is a CON of 08/943,358 10/03/1997 PAT 6,001,118
 which is a CON of 08/810,825 03/06/1997 PAT 5,814,064

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/15/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 12	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

Distal protection device and method

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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